

**EXECUTIVE LOBBYING  
SUPPLEMENTAL REGISTRATION FORM**

**Instructions**

- 1. Print in ink or type.
- 2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- 3. This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

1. NAME Harris Jim F.  
Last First MI

NAME  
CHANGE \_\_\_\_\_  
Last First MI

2. BUSINESS PHONE 225-344-0381  
(Area Code) Phone Number

3. FAX PHONE 225-336-0211

4. BUSINESS ADDRESS 521 Laurel Street Baton Rouge LA 70801  
Street and No. City State Zip

MAILING ADDRESS Same as above  
Street and No. City State Zip

5. EMPLOYER Harris, DeVill & Associates, Inc.

6. EMPLOYER'S ADDRESS 521 Laurel Street Baton Rouge LA 70801  
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No ✓

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name Louisiana Associated General Contractors, Inc. (LAGC)

Address 1414 North Street Baton Rouge LA 70802

Business or purpose Roads / General Construction

☒ New Representation  
Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_



FOR OFFICE USE ONLY  
Postmark Date: 10/2/06

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2) Name Louisiana Cable & Telecommunications Association (LCTA)

Address 763 North Street, Baton Rouge, LA 70802

Business or purpose Cable & Telecommunications

☒ New Representation  
Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

\_\_\_\_\_  
Signature of Lobbyist